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## BIB DATA SHEET

CONFIRMATION NO. 9020

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/674,546	11/04/2002	530	1645	PP00365.301		
<b>APPLICANTS</b> Claire Fraser, Potomac, MD; Cesira Galeotti, Poggibonsi, ITALY; Guido Grandi, Segrate, ITALY; Erin Hickey, Palatine, IL; Vega Masignani, Siena, ITALY; Marirosa Mora, Siena, ITALY; Jeremy Petersen, Arlington, VA; Mariagrazia Pizza, Siena, ITALY; Rino Rappuoli, Vagliasli, ITALY; Giulio Ratti, Siena, ITALY; Vincenzo Scarlato, Polle val D'Elsa, ITALY; Maria Scarselli, Siena, ITALY; Herve Tettelin, Gaithersburg, MD; J. Craig Venter, Potomac, MD;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/09346 04/30/1999 which claims benefit of 60/083,758 05/01/1998 and claims benefit of 60/094,869 07/31/1998 and claims benefit of 60/098,994 09/02/1998 and claims benefit of 60/099,062 09/02/1998 and claims benefit of 60/103,749 10/09/1998 and claims benefit of 60/103,794 10/09/1998 and claims benefit of 60/103,796 10/09/1998 and claims benefit of 60/121,528 02/25/1999						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/20/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /S. DEVI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance /SD/ Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 30	<b>TOTAL CLAIMS</b> 15 <input type="checkbox"/> 8	<b>INDEPENDENT CLAIMS</b> 4 <input type="checkbox"/> 1
<b>ADDRESS</b> Chiron Corporation Intellectual Property R440 PO Box 8097 Emeryville, CA 94662-8097 UNITED STATES						
<b>TITLE</b> NEISSERIA MENINGITIDIS ANTIGENS AND COMPOSITIONS						
			<input type="checkbox"/> All Fees			

<b>FILING FEE RECEIVED</b> 1494	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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